PRINTED: 12/16/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUI		G	,	С
		445433	B. WIN	IG_		03/1	6/2011
	OVIDER OR SUPPLIER EALTHCARE OF CLARK	SVILLE		1	REET ADDRESS, CITY, STATE, ZIP CODE 111 USSERY ROAD CLARKSVILLE, TN 37043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 166	A resident has the rig facility to resolve griethave, including those of other residents. This REQUIREMENT by: Complaint investigating TN00027406 Based on review of the review of daily water to observations, and into the facility failed to enwater voiced by residingly manner. The handles (100, 200 and the findings included to the findings inc	ht to prompt efforts by the vances the resident may with respect to the behavior is not met as evidenced on for TN00026229 and re resident council minutes, temperature checks, erview, it was determined esure the grievance of coldents was resolved in a ot water temperature on 3 of 300 halls) were cold. : dent council minutes dated ecumented, "2. CONCERN /ERS. ALL RESIDENTS RED EVERY OTHER DAY, UPGRADE TO THE HOT OT WATER HAS BEEN FHAVE BEEN ADVISED ES, BUT THE UPGRADE IS E HOT WATER SHOULD	F	166	,		
	resident rooms of 80. 117.9 degrees F from	4 degrees Fahrenheit (F) to 11/10/11 to 3/14/11.					000 DATE
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: TN6307

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SUF COMPLET	
		445433	B. WIN	G			C 6/2011
	OVIDER OR SUPPLIER	SVILLE	•	11	EET ADDRESS, CITY, STATE, ZIP CODE 1 USSERY ROAD LARKSVILLE, TN 37043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 166	the 100 hall on 3/14/1 a. Room 100 - 98 deg degrees F at 5:15 PM b. Room 101 - 100 de c. Room 109 - 90 deg d. Room 119 - 100 de e. Room 116 - 100 de f. Room 118 - 98 deg g. Room 110 - 100 de Observations of the h the 100 hall on 3/15/1 a. Room 101 - 88 deg degrees F at 4:45 PM b. Room 115 - 100 de c. Room 115 - 100 de d. Room 112 - 100 de d. Room 117 - 104 de Doservations of the h the 100 hall on 3/16/1 a. Room 107 - 104.5 b. Room 100 - 105 de 4. Observations of th the 200 hall on 3/14/1 a. Room 209 - 92 deg b. Room 207 - 88 deg c. Room 207 - 88 deg c. Room 207 - 90 deg 4:45 PM. b. Room 201 - 80 deg 4:45 PM. b. Room 201 - 80 deg	e hot water temperatures on 1 revealed the following: grees F at 10:40 AM and 100 l. grees F at 11:00 AM. grees F at 11:00 AM. grees F at 11:19 AM. grees F at 5:18 PM. grees F at 5:20 PM. ot water temperatures on 1 revealed the following: grees F at 7:50 AM. grees F at 7:50 AM. grees F at 4:50 PM. ot water temperatures on 1 revealed the following: grees F at 7:50 AM. grees F at 7:50 AM. grees F at 9:55 AM. grees F at 9:55 AM. grees F at 9:55 AM. grees F at 11:25 AM. grees F at 11:25 AM. grees F at 11:30 AM. grees F at 11:40 AM. ot water temperatures on 1 revealed the following: grees F at 11:40 AM. grees F at 11:40 AM. grees F at 10:40 AM and grees F at 10:40 AM and grees F at 10:45 AM and 88	F	166			
	degrees F at 4:50 PM c. Room 209 - 88 deg	l. prees F at 10:33 AM and 82					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		445433	B. WIN	IG			C 6/ 2011
	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 111 USSERY ROAD CLARKSVILLE, TN 37043	03/10	6/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 166	degrees F at 4:55 PM d. Room 211 - 90 deg 4:53 PM. Observations of the h the 200 hall on 3/16/1 a. Room 203 - 103.5 b. Room 211 - 102 deg 5. Observations of the the 300 hall on 3/14/1 a. Room 301 - 90 deg 6. Room 310 - 80 deg 6. Room 315 - 96 deg 6. Room 316 - 80 deg 7. Room 316 - 80 deg 8. Room 301 - 76 deg 8. Room 316 - 82 deg 9. Room 316 - 82 deg 9. Room 301 - 76 deg 9. Room 301 - 97.3 deg 9. Room 306 - 97.3 deg 97.4 degrees F at 10:13 A 9. Room 306 - 97.3 deg 97.4 degrees F at 10:13 Room 301 - 99. 9 deg 97. 90	ot water temperatures on 11 revealed the following: degrees F at 10:00 AM. The hot water temperatures on 12 revealed the following: degrees F at 10:00 AM. The hot water temperatures on 13 revealed the following: degrees F at 10:18 AM. The series F at 10:52 AM. The series F at 10:52 AM. The series F at 10:45 AM.	F	166			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X IDENTIFICATION NUMBER: A.			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445433	B. WIN	IG		03/16	6/ 2011
	ROVIDER OR SUPPLIER EALTHCARE OF CLARK	SVILLE		1	REET ADDRESS, CITY, STATE, ZIP CODE 111 USSERY ROAD CLARKSVILLE, TN 37043	00/10	572011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 166	d. Room 405 - 84 deg e. Room 407 - 96 deg f. Room 409 - 98 deg f. Room 409 - 98 deg f. Room 409 - 98 deg f. Room 401 - 92 deg b. Room 405 - 86 deg c. Room 410 - 102 deg f. During the group in room on 3/14/11 at 2: oriented residents contemperatures. During an interview in on 3/15/11 at 5:00 PN asked how long there hot water temperature "Just got a new syste operational tankless who iller system time to continuous heat." During an interview in on 3/15/11 at 5:00 PN Supervisor was asked The Maintenance Supproblem, circulates [while the continuous of the continu	rees F at 10:58 AM. rees F at 11:05 AM. rees F at 11:15 AM. ot water temperatures on 1 revealed the following: rees F at 4:55 PM. rees F at 4:51 PM. rees F at 4:59 PM. hterview in the conference 30 PM, 9 of 9 alert and mplained of cold water the Administrator's office 1, the Administrator was had been problems with the res. The Administrator stated, m last week, fully vater system. Had an older o replace. Supposed to be the Administrator's office 1, the Maintenance 2 d about the tankless system. Dervisor stated, "circulation vater] throughout the lation pumps not working, residents today as well"	F	166			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445433			·	C 03/16/2011	
	OVIDER OR SUPPLIER	SVILLE	•	11	EET ADDRESS, CITY, STATE, ZIP CODE 11 USSERY ROAD LARKSVILLE, TN 37043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 166	Administrator was asl facility had identified. cold water had been a residents since Janua discussed at the Februseting. The old boild	on 3/16/11 at 2:40 PM, the ked about problems the The Administrator stated a concern of staff and ary (2011) and was	F	166			
F 328	483.25(k) TREATMENTEDS The facility must ensure proper treatment and special services: Injections; Parenteral and enteral Colostomy, ureterostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.	-	F	328			
	Based on policy review observations, and into the facility failed to enadministered at the raphysician for 1 of 6 (Fresidents receiving O	Resident #18) sampled 2 and failed to ensure O2 2 tank in use for Random					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l` ′	ULTIPLE LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		445433	B. WIN	IG		C 03/16/2011		
	ROVIDER OR SUPPLIER	(SVILLE		111	ET ADDRESS, CITY, STATE, ZIP CODE USSERY ROAD ARKSVILLE, TN 37043	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 328	1. Review of the faci policy documented, "device so proper fled elivered Check the are in good working or resident periodicall being tolerated" 2. Medical record redocumented an admidiagnoses of Chronic Disease, Diabetes Manemia, Hypertensio Failure. Review of the 3/1/11 documented "[per] MIN [minute] VIObservations in Resiat 8:30 AM and 1:35 receiving O2 per binal L/MIN. Observations in the APM, revealed Reside binasal cannula at a O2 tank. During an interview in 3/16/11 at 1:35 PM, the Nursing (ADON) con receiving O2 per binal During an interview in on 3/16/11 at 1:40 PM Resident #18's curre was for the O2 to be	lity's oxygen administrationAdjust the oxygen delivery ow of oxygen is being e tank to be sure they order Observe the y to be sure oxygen is view for Resident #18 ssion date of 2/8/11 with c Obstructive Pulmonary ellitus, Hyperlipidemia, n, and Congestive Heart e physician's orders datedO2 @ [at] 1- [to] 2L [liters] / A N/C [nasal cannula]" dent #18's room on 3/16/11 PM, revealed Resident #18 asal cannula at a rate of 3 00 hall on 3/16/11 at 1:20 nt #18 receiving O2 per rate of 3 L/MIN per portable In Resident #18's room on he Assistant Director of firmed Resident #18 was asal cannula at 3 L/MIN. In the human resource office M, the ADON confirmed nt physician's order for O2 administered at 1-2L/MIN. It Resident #18's O2 was	F	328				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		445400			·		С
NAME OF PR	OVIDER OR SUPPLIER	445433		STD	EET ADDRESS, CITY, STATE, ZIP CODE	03/10	6/2011
	EALTHCARE OF CLARK	SVILLE		1	11 USSERY ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 328	Continued From page	6	F	328			
F 465	an admission date of date of 4/02/09 with do Obstructive Pulmonal Bilateral Pneumonia, the physician's orders "02 @ 2L/M [minute Observations in the 1 PM, revealed RR #3 so 02 binasal cannula tu portable 02 tank. 483.70(h) SAFE/FUNCTIONAL/E ENVIRON The facility must provisanitary, and comfortaresidents, staff and the This REQUIREMENT	ry Disease, Dementia, and Lung Mass. Review of a dated 3/1/11 documented, by via N/C" 00 hall on 3/16/11 at 1:30 seated in a wheelchair with bing connected to an empty SANITARY/COMFORTABL ide a safe, functional, able environment for	F	465			
	it was determined the comfortable environm showers as evidence temperatures in 3 of 3 shower rooms. The h	observations and interviews, facility failed to ensure a lent for residents during					
	checks documented,	: y hot water temperature water temperature ranges in 96 degrees Fahrenheit (F)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	445433	B. WING _			C (2011	
NAME OF PROVIDER OR SUPPLIER GRACE HEALTHCARE OF CLARK	I		TREET ADDRESS, CITY, STATE, ZIP CODE 111 USSERY ROAD CLARKSVILLE, TN 37043	•	6/2011	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
2. Observations in the 3/15/11 at 7:45 AM, r water temperatures: a. Stall #1 - 96 degre b. Stall #2 - 100 degre Observations in the 1 3/15/11 at 12:15 PM, water temperatures: a. Stall #1 - 88 degre b. Stall #2 - 90 degre Observations in the 1 3/16/11 at 8:05 AM, r water temperatures: a. Stall #1 - 98.4 degre b. Stall #2 - 104 degre Observations in the 1 3/16/11 at 10:05 AM, water temperatures: a. Stall #1 - 92 degre b. Stall #2 - 98.6 degre b. Stall #2 - 98.6 degre b. Stall #2 - 100 degre constant in the 3/15/11 at 7:30 AM, r water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures: a. Stall #1 - 100 degre constant in the 2 3/16/11 at 10:22 AM, water temperatures:	om 1/10/11 to 3/14/11. In the 100 hall shower room on evealed the following hot less F. In the end of the end of the following hot less F. In the end of the	F 46				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		445433	B. WIN	G			C 6/2011
	ROVIDER OR SUPPLIER	SVILLE		1	REET ADDRESS, CITY, STATE, ZIP CODE 111 USSERY ROAD CLARKSVILLE, TN 37043		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 465	3/15/11 at 8:10 AM, rowater temperatures: a. Stall #1 - 100 degree Observations in the 4 3/16/11 at 10:25 AM, water temperatures: a. Stall #1 - 103.5 deg b. Stall #2 - 104.5 deg b. Stall #2 - 104.5 deg 5. Review of the daily checks documented versident rooms of 80. degrees F from 1/10/16 6. Observations of the 100 hall on 3/14/11 a. Room 100 - 98 deg degrees F at 5:15 PM b. Room 101 - 100 deg c. Room 109 - 90 deg d. Room 119 - 100 deg e. Room 116 - 100 deg g. Room 116 - 100 deg g. Room 110 - 100 deg Cobservations of the hell the 100 hall on 3/15/11 a. Room 101 - 88 deg degrees F at 4:45 PM b. Room 115 - 100 deg c. Room 118 - 100 deg d. Room 112 - 100 deg d. Room 112 - 100 deg Cobservations of the hell the 100 hall on 3/16/11	evealed the following hot ees F. 00 hall shower room on revealed the following hot grees F. grees F. y hot water temperature vater temperature ranges in 4 degrees F to 117.9 11 to 3/14/11. e hot water temperatures on 1 revealed the following: grees F at 10:40 AM and 100 grees F at 11:00 AM. grees F at 11:19 AM. grees F at 11:22 AM. rees F at 5:18 PM. grees F at 5:20 PM. ot water temperatures on 1 revealed the following: grees F at 7:50 AM. grees F at 7:50 AM. grees F at 4:50 PM. ot water temperatures on 1 revealed the following: grees F at 7:50 AM.	F	465			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILD			С	
		445433	B. WING		03/1	6/2011	
	OVIDER OR SUPPLIER EALTHCARE OF CLARE	(SVILLE	s	STREET ADDRESS, CITY, STATE, ZIP COD 111 USSERY ROAD CLARKSVILLE, TN 37043	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 465	Continued From page 7. Observations of the the 200 hall on 3/14/2 a. Room 209 - 92 deeds. Room 205 - 100 deeds. Room 205 - 100 deeds. Room 200 - 90 deeds. Room 200 - 90 deeds. Room 201 - 80 deeds. Room 201 - 80 deeds. Room 201 - 80 deeds. Room 211 - 90 deeds. Room 211 - 90 deeds. Room 203 - 103.5 b. Room 211 - 102 deeds. Room 310 - 80 deeds. Room 310 - 80 deeds. Room 312 - 79 deeds. Room 315 - 96 deeds. Room 316 - 80 deeds. Room 316 - 80 deeds. Observations of the first Room 316 - 80 deeds. Room 316 - 80 dee	ne hot water temperatures on 11 revealed the following: grees F at 11:25 AM. grees F at 11:30 AM. egrees F at 11:40 AM. not water temperatures on 11 revealed the following: grees F at 10:40 AM and grees F at 10:45 AM and 88 A. grees F at 10:33 AM and 82 A. grees F at 10:37 AM and mot water temperatures on 11 revealed the following: degrees F at 9:59 AM. egrees F at 10:00 AM. ne hot water temperatures on 11 revealed the following: grees F at 10:18 AM. grees F at 10:52 AM. grees F at 10:52 AM. grees F at 10:50 AM. grees F at 10:50 AM. grees F at 10:45 AM.	F 46	DEFICIENCY		DAIL	
	a. Room 300 - 82 de b. Room 301 - 76 de c. Room 314 - 84 de d. Room 316 - 82 de	grees F at 4:52 PM. grees F at 4:52 PM.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445433	B. WIN	G			C 6/2011
	OVIDER OR SUPPLIER	SVILLE	.	1	REET ADDRESS, CITY, STATE, ZIP CODE 11 USSERY ROAD CLARKSVILLE, TN 37043		<i></i>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 465	the 300 hall on 3/16/1 a. Room 301 - 76 deg degrees F at 10:13 A b. Room 306 - 97.3 d c. Room 316 - 95.9 d 87.4 degrees F at 10: 9. Observations of th the 400 hall on 3/14/1 a. Room 400 - 94 deg b. Room 401 - 108 de c. Room 403 - 100 de d. Room 405 - 84 deg e. Room 407 - 96 deg f. Room 409 - 98 deg Observations of the h the 400 hall on 3/15/1 a. Room 401 - 92 deg b. Room 405 - 86 deg c. Room 405 - 86 deg c. Room 410 - 102 de 10. During the group room on 3/14/11 at 2: oriented residents con temperatures. During an interview in on 3/15/11 at 5:00 PN asked how long there	ot water temperatures on 1 revealed the following: grees F at 8:35 AM and 100 M. egrees F at 8:36 AM. egrees F at 8:40 AM and 13 AM. e hot water temperatures on 1 revealed the following: grees F at 11:20 AM. egrees F at 10:53 AM. egrees F at 10:58 AM. rees F at 11:05 AM. rees F at 11:15 AM. ot water temperatures on 1 revealed the following: grees F at 4:55 PM. grees F at 4:55 PM. egrees F at 4:59 PM. interview in the conference 30 PM, 9 of 9 alert and mplained of cold water at the Administrator's office M, the Administrator was 1 had been problems with the ess. The Administrator stated,	F	465	DET IOIENCT)		
	operational tankless v	water system. Had an older o replace. Supposed to be					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445433	B. WIN	IG			C 6/ 2011
	OVIDER OR SUPPLIER	L	<u> </u>	11	EET ADDRESS, CITY, STATE, ZIP CODE 11 USSERY ROAD LARKSVILLE, TN 37043	1 03/10	0/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 465	During an interview ir on 3/15/11 at 5:00 PM Supervisor was asked The Maintenance Supproblem, circulates [w building. One of circulates hearing from the During an interview ir on 3/16/11 at 7:50 AM Supervisor stated, "O malfunctioning so dur During the quality ass Administrator's office Administrator was as facility had identified. cold water had been a residents since Janua discussed at the February in the supervisor stated in the supervisor	the Administrator's office M, the Maintenance d about the tankless system. Dervisor stated, "circulation Vater] throughout the lation pumps not working, De residents today as well" In the 400 hall shower room M, the Maintenance One water heater igniter was Imping cold water into hot" Surance (QA) interview in the On 3/16/11 at 2:40 PM, the Ked about problems the The Administrator stated on concern of staff and One of the Maintenance The Administrator stated	F	465			